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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/973,956	10/11/2001	Ronald W. Mink	090793-05210

22204
NIXON PEABODY, LLP
401 9TH STREET, NW
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WASHINGTON, DC 20004-2128

CONFIRMATION NO. 7403



OC000000015779847

Date Mailed: 04/19/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 03/24/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

JOHN INGRAM
PUBS ()-

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/973,956	10/11/2001	Ronald W. Mink	044170-5052-01

009629
 MORGAN LEWIS & BOCKIUS LLP
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CONFIRMATION NO. 7403



OC000000015779825

Date Mailed: 04/19/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 03/24/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

JOHN INGRAM
 PUBS ()-

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Bib Data Sheet

CONFIRMATION NO. 7403

SERIAL NUMBER 09/973,956	FILING OR 371(c) DATE 10/11/2001 RULE	CLASS 422	GROUP ART UNIT 1723	ATTORNEY DOCKET NO. 090793-05210
APPLICANTS Ronald W. Mink, West Linn, OR; Andrew S. Goldstein, Portland, OR;				
** CONTINUING DATA ***** This application is a CIP of 09/280,269 03/29/1999 ABN and is a DIV of 09/292,293 04/15/1999 PAT 6,303,081 and said 09/280,269 03/29/1999 claims benefit of 60/079,958 03/30/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/27/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY OR	SHEETS DRAWING 3	TOTAL CLAIMS 2
Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 2
ADDRESS 22204				
TITLE DEVICE FOR COLLECTION AND ASSAY OF ORAL FLUIDS				
FILING FEE RECEIVED 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	